Complete Summary

GUIDELINE TITLE

Procedure guideline for radionuclide cystography in children.

BIBLIOGRAPHIC SOURCE(S)

Mandell GA, Eggli DF, Gilday DL, Heyman S, Leonard JC, Miller JH, Nadel HR, Piepsz A, Treves ST. Procedure guideline for radionuclide cystography in children, 3.0. Reston (VA): Society of Nuclear Medicine; 2003 Jan 25. 6 p. [7 references]

GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Society of Nuclear Medicine. Procedure guideline for radionuclide cystography in children, 2.0. Reston (VA): Society of Nuclear Medicine; 1999 Feb. 18 p. (Society of Nuclear Medicine procedure guidelines; no. 2.0).

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Vesicoureteral reflux
- Urinary tract infection
- Bladder dysfunction (e.g., neurogenic bladder)

GUIDELINE CATEGORY

Diagnosis
Evaluation

CLINICAL SPECIALTY

Nuclear Medicine
Pediatrics
Radiology
Urology

INTENDED USERS

Allied Health Personnel
Physicians

GUIDELINE OBJECTIVE(S)

To assist nuclear medicine practitioners in recommending, performing, interpreting, and reporting the results of radionuclide cystography (RNC) in children

TARGET POPULATION

Children with suspected or documented vesicoureteral reflux

INTERVENTIONS AND PRACTICES CONSIDERED

Radionuclide cystography

MAJOR OUTCOMES CONSIDERED

Sensitivity of radionuclide cystography (RNC) for detection of vesicoureteral reflux

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Literature searches were performed. In addition, references known to experts and references from the nuclear medicine community were considered.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Drafts of the guideline were submitted to members of the Guideline Development subcommittee (methodologists) and the Task Force (subject experts). These reviewers indicated on a line-by-line basis any suggestions or recommendations for the revision of the guideline. The percentage of agreement for all reviewers was calculated for each revision and compiled by the Society of Nuclear Medicine (SNM) central office. It is expected that the percentage of agreement will increase with each revision.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

When the Task Force and Guideline Development Subcommittee completed their edits, draft procedure guidelines were distributed to the Society of Nuclear Medicine (SNM) Sample Review Group for comment. (The SNM Sample Review Group is a cross-section of approximately 100 nuclear medicine practitioners representing every field of specialization).

The guideline was approved by the SNM Commission on Health Care Policy, the Board of Directors, and the House of Delegates.

The updated guideline was approved January 25, 2003.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Background Information and Definitions

Urinary tract infection is a common problem in the pediatric population. The signs and symptoms are nonspecific, particularly in the younger child. The role of vesicoureteral reflux in the pathogenesis of pyelonephritis is incompletely understood. Approximately 40% of patients with upper urinary tract infection have vesicoureteral reflux. Urinary tract infection, unrecognized and inadequately treated, can lead to hypertension and chronic renal failure.

A. Radionuclide cystography (RNC) is a method to evaluate for vesicoureteral reflux, which results in significantly less gonadal radiation when compared with conventional radiographic technique (voiding cystourethrogram [VCUG]). In addition, radionuclide cystography has a sensitivity for detection of vesicoureteral reflux equal to that of VCUG. Radionuclide cystography does not provide the same anatomic detail as a VCUG.
B. Direct radionuclide cystography (DRC) requires catheterization of the bladder and instillation of radionuclide and fluid for maximum distension of the bladder, allowing imaging during filling, voiding and after voiding.
C. Indirect radionuclide cystography (IRC) does not require bladder catheterization but does require the intravenous injection of the radiopharmaceutical for evaluation of renal function, urine drainage, and detection of vesicoureteral reflux.

Common Indications

A. Initial evaluation of females with urinary tract infection for reflux
B. Diagnosis of familial reflux
C. Evaluation of vesicoureteral reflux after medical management
D. Assessment of the results of antireflux surgery
E. Serial evaluation of bladder dysfunction (e.g. neurogenic bladder) for reflux

Procedure

The detailed procedure recommendations in the guideline address the following areas: patient preparation; information pertinent to performing the procedure (i.e., important data that the physician should have about the patient at the time the exam is performed and interpreted); precautions; information regarding the radiopharmaceutical (i.e., ranges of administered activity, organ receiving the largest radiation dose, effective dose), image acquisition; interventions; processing; interpretation/reporting; quality control, and sources of error.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

The intent of the procedure guideline is to describe radionuclide cystography in children, in order to maximize the diagnostic information obtained in the study while minimizing the resources that are expended.

POTENTIAL HARMS

There is a small risk of catheter-induced infection.

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

- The Society of Nuclear Medicine has written and approved guidelines to promote the cost-effective use of high quality nuclear medicine procedures. These generic recommendations cannot be applied to all patients in all practice settings. The guidelines should not be deemed inclusive of all proper procedures or exclusive of other procedures reasonably directed to obtaining the same results. The spectrum of patients seen in a specialized practice setting may be quite different than the spectrum of patients seen in a more general practice setting. The appropriateness of a procedure will depend in part on the prevalence of disease in the patient population. In addition, the resources available to care for patients may vary greatly from one medical facility to another. For these reasons, guidelines cannot be rigidly applied.
- Advances in medicine occur at a rapid rate. The date of a guideline should always be considered in determining its current applicability.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1999 Feb (revised 2003 Jan 25)

GUIDELINE DEVELOPER(S)

Society of Nuclear Medicine, Inc - Medical Specialty Society

SOURCE(S) OF FUNDING

Society of Nuclear Medicine (SNM)

GUIDELINE COMMITTEE

Task Force

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

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GUIDELINE AVAILABILITY

Electronic copies of the updated guideline: Available from the Society of Nuclear Medicine (SNM) Web site.

Print copies: Available from SNM, Division of Health Care Policy, 1850 Samuel Morse Dr, Reston, VA 20190-5316; Phone: 1-800-513-6853 or 1-703-326-1186; Fax: 703-708-9015; E-Mail: ServiceCenter@snm.org.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Society of Nuclear Medicine. Procedure guideline for guideline development. Reston (VA): Society of Nuclear Medicine; 2001 Jun (version 3.0). Electronic copies: Available from the Society of Nuclear Medicine Web site.
- Society of Nuclear Medicine. Performance and responsibility guidelines for NMT. Reston (VA): Society of Nuclear Medicine; 2003. Electronic copies: Available from the Society of Nuclear Medicine Web site.

Print copies: Available from SNM, Division of Health Care Policy, 1850 Samuel Morse Dr, Reston, VA 20190-5316; Phone: 1-800-513-6853 or 1-703-326-1186; Fax: 703-708-9015; E-Mail: ServiceCenter@snm.org.

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on July 20, 1999. It was verified by the guideline developer as of August 5, 1999. This NGC summary was updated by ECRI on April 14, 2005.

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